	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FLORIDA FOR PEINSTATEMENT			A DEPARTMENT OF STATE Katherine Harris Secretary of State		FILED			
DOCUMENT # P9400029990					99 OCT -4 PM 1: 06			
1. Corporation Name Paradise Grand Marketing, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					1 ACCEPTATIONS			
,	ace of Business	965		1				
Radisson Grand Resort 19495 Biscayne Boulevard, Suite 601								
Aventura, FL 33180					REINS	TATEMENT	98-00	
			ng Office Address, if Applicable		Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt. #,					To Do Business in Florida April 20, 1994 5. FEI Number Applied For			
City & State City & S			n, Texas		65-048	30792	Not Applicable	
77002	Country U.S.A.	Zip 77002	Country	S.A.			Additional Fee in goined Ceclificate of Status	
	and Street Addresses of Each Officer and/o							
Title(s)	Name of Officers and/or Directors 2	Offi 3 (Do NOT Us	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State	/ Zip		
P/D	Alfred Gorlick	Casino Drive			Nassau, Bahamas			
V/D	Ronald L. Evans	1415 Louisiana, Suite 3050		te 3050	Houston, Texas	77002		
Ť/	Data Manufac				Naconu Pahamac			
Asst.S	Peter Maguire	Casino Drive			Nassau, Bahamas			
S	Richard E. Blohm, Jr	1415 Louisiana, Suite 3050		te 3050	Houston, Texas	77002		
				7000030229671				
						****900.00 *	***900.00	
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				
C T Corporation System					(2)			
1200 South Pine Island Road				Street Address (P.O. Box Number is Not Acceptable)				
Plantation, Florida 33324				City State Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.								
Signature of Registered Agent Agent MUST SIGN Agent Secretary Date 9/29/99								
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No X (See other side for information on intangible tax.)								
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The Information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Ronald L. Evans, Vice Pres. 9/22/99 713/739-6500								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								